JRD. Every item of infor-YSICIANS should state

statement of OCCUPA.

EX

be properly classified.

See instructions on back of certificate.

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAMLY, WIT

STATE C	OF MARYL	AND-CERTI	FICATE	OF	DEATH
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					the said of
1. PLACE OF DEA	ТН		The state of the s	3	
CountyDoro	hester			Registration Dist. No. 111	
Village or CityE				NoSt	Ward
			(If	death occurred in a hospital or institution, give its NAME instead of street and a	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. FULL NAME				OL Ward	
(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	R OR RACE		RIED, WtDOWED, D (write the word)	21. DATE OF DEATH Aug 22 (Month) (Day)	, 19ව් (Year)
ia. If married, widowed, or divo	rced				
(or) WiFE of				22. I HEREBY CERTIFY, That I attended	
DATE OF BIRTH (month do		Aug. 22,	1935		
5. DATE OF BIRTH (month, day 7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	. , ucatii is said
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or pa	articular		, or a second	STILLBIRTH	Date of onset
SAWYER, BOOKKEE	PER, etc.				
9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL,				
10. Date deceased last wor this occupation (mo	ked at	11. Total t	ime (years) nt in this		
year)		occi	pation	Other Contributory Canses of Importance:	
2. BIRTHPLACE (city or town)	- East Ne	w Market,	Md.	Other Commission Canada of Importance.	
(State or country)	2 43 2	5 1 5			
-	TO .	m Benj. E			-
14. BIRTHPLACE (city or to (State or country)	wn)	N. Market	, ivid .	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME	Maud Mil	ler Corni	sh	23. if death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or to	ewn) E.	N. Market	, Md.	Accident, suicide, or homicide? Date of injury	
	nj. Brow	n		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR F	REMOVAL			Manner of injury	
Place E.N.Mark	et	Date Aug	23, 19 35	Nature of injury	
9. UNDERTAKER Benja (Address)	umin Brow	n		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED AUG. 23.,	19_35	Н. Е. Ра	rker Registrar.	(Signed) H & Parket, Regist	rar M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO TO			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	30	YS	Sta
	RECO	PH	Exact
DITTO	TH UNFADING INK-THIS IS A PERMANENT RECORD	ly supplied. AGE should be stated EXACTLY. PHYS	lain terms, so that it may be properly classified. Exact sta
row Di	IS A PEI	stated E	properly
1	HIS	pe	pe
N ATTE	NK-T	plnods	it may
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MANGIN NEGENVED FOR DINDING	UNFADI	supplied.	n terms, so
	LH	J.	lai

	infor- state UPA-	STATE OF MARYLAN	D-CERTIFICATE OF DEATH 08722
		Demake School	Registration Dist No. II.6
(M)	should f OCC	County Dorchester	Hobitation Distriction
(III)	shor of O	Village or City Camputage, Ma.	NoCambridge Md. Hospital. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	P 00 m	Length of residence in city or town where death occurred I9 yrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
	RD. Every YSICIANS	2. FULL NAME Randolph Phillips Co.	llins. WITHIN CORPORATE LIMITS OF
	D.] SIC tate	(a) Residence: No. 304 Belvedere Ave.,	St., I Ward.
		(Usual place of abode)	If nonresident give city or town and State
	61 S	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDOV	MEDICAL CERTIFICATE OF DEATH Z1. DATE OF DEATH
rh		Male White OR DIVORCED (write the w	August 7th, 1935 (Month) (Dey) (Year)
BINDING	MANEN A C T I assified	5e. If married, widowed, or divorced HUSBAND of Frances Gore. (or) WIFE of	22. THEREBY CERTIFY, Thet I attended decessed from
Z	CXE.	6. DATE OF BIRTH (month, dey, end year) 8/14/1906	Larger h College Physics debased
	PE I E	6. DATE OF BIRTH (month, dey, end year) 8/14/1906 7. AGE Years Months Deys If LESS	than to heve occurred of the dete steted prove et 200 8 6 4 6 10 30
FOR	IS A PE stated E properly certificate	28 II 23 1 day,	in the fellows of fellows and fellows of importance
	st st pr	8 Trade profession or particular	Date of onset
RESERVED	HIS be be of	8. Trede, profession, or perticular kind of work done, es SPINNER, Parmacist 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and 75 / 75) spent in this occupation (month and 75 / 75)	(ext first (214) 1735
34	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	The state of the s
豆	N sh H	1D. Date decessed last worked at this occupetion (month an 8/5/35 spent in this occupation)	To analhacuarring
E	NG I AGE that	this occupation (month an 8/5/35) spent in this occupation	12 milling in Respussory peluse 6-1-3
RGIN I	So	12. BIRTHPLACE (city or town) Berlin, Md, (Stete or country)	Other Contributory Causes of importante:
RG	UNFAl supplied. n terms, ee instru	E 13. NAME A. H. Collins.	
12	t the	13. NAME A. H. Collins. 14. BIRTHPLACE (city or town) Berlin, Md.	Neme of operation Dete of
U	H .= 10	(Stele or country)	What test confirmed diegnosis? Characa Was there en eulopsy? Wo
	Carefully CH in pla ortant.	15. MAIDEN NAME Ada B. Phillips 16. BIRTHPLACE (city or town) Frankford, (State or country)	23. If deeth wes due to external causes (VIDLENCE) fill in elso the following:
(1)	Y, sare H i	[16. BIRTHPLACE (city or town) Frankford,	Accident, swielde, or hamiside? Dete of Injury 5, 19.3
C	AFELY, d be cal DEATH	(Stete or country) De 1.	Where did injury occur? (Specify city or town, county and State)
	A I	17. INFORMANT A. H. Collins.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
5	FLA Should OF D	(Address) Cambridge, Md.	Guille Street
		PlaceCambridge, Md. Dete 8/9/35.	9 Neture of injury Pend in the second of the second o
	WRIT mation CAUSE		necure of injury
0.1	CE	19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md.	24. Wes diseased injury in any way clated to occupation of deceased? If so, specify freed themes again larger
V. S. No. 1	m (T)	6 8 31-000	(Signed) Law Law La Green M. D.
>	z U	20. FILED & 7 , 1920 fly more	N
		If more blanks are needed, address State R	egistrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example VED		Example II	A . 47
The principal cause of death and related causes of importance were as follows: 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECE			1 1
Other contributory causes of importance:	VED	Other contributory causes of importance:	
Gallstones . SEP 8	May 1,1923	Gastroenteritis	1 year
BUREAL			
	V. S.		

	infor-	state	UPA.
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	RD. Every it	YSICIANS	statement o
	r RECO	Y. PH	Exact
DUIDNI	RMANENT	XACTL	classified.
FORB	IS A PE	stated F	properly
TARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCUPA.
MARGIL	UNFAD	supplied.	terms, s
7	, WITH	refully s	in plain
	PLAMLY	hould be ca	OF DEATH
•	-WRITE	mation sl	CAUSE OF DE

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certificate.

See instructions on back

TION is very important.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	0872;
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1. PLACE OF	DEATH			92	
County	Dorchester			Registration Dist. No	6
	N. Cambridge		(1) _Qyrs,Qmos	No. Eastern Shore State HospitalSt., f death occurred in a hospital or institution, give its NAME instead of street and 10 ds. How long in U.S. if of foreign birth? yrs.	Ward
2. FULL NAM		J. Comly	7	St. Ward.	
		(Usuai place	of abode)	If nonresident give city or town as	nd State
	L AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
Male	White	OR DIVORCE	RRIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH August 13, (Month) (Dey)	193 5 (Year)
5e. If married, widowed, HUSBAND of (or) WIFE of	or divorced Annie H	I. Hough		22. HEREBY CERTIFY, That I attende August 3, 19 35, to August 13,	d deceased from
7. AGE Yeers	onth, day, and year) Jul Months O	Deys	If LESS than 1 day,hrs. ormin,	I lest saw him alive on August 13,, 19 3 to have occurred on the dete steted above, et 6:12 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:	
SAW MILL, 10. Date decesed this occupet year)	one, as SILK MILL, BANK, etc	Own Farm	ime (yeers) ntin this Life upation Life	Cerebral arteriosclerosis Dther Centribatary Causes of importance:	l yr.
(State or country	1)	Md.	, Kent Co.		
13. NAME 14. BIRTHPLACE (c	Robert H.				
14. BIRTHPLACE (c	.,,	esburg Pa		Name of operetion Date of Whet test confirmed diegnosis? Was there an	sutanevNO
15. MAIDEN NAME	Martha J. M	cDowell		23. If death was due to external ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (ci	.,,	esburg Pa	•	Accident, suicide, or homicide? Dete of injury	, 19
(Address)	S.S.Hospital Cambridg			(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION	. () ((a) (/ /)	Woote au	416,1935	Menner of injury	
19. UNDERTAKER (Address)	3 M G	Pour	Registrar.	24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Address) Cambridge	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE PLAMLY, W V. S. No. 1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhad July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARGIN	
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	County Dorch	ester		Registration Dist. No. II6		
	Village or City	Cambrid		NoSt.,Wa		
	Length of residence in c	ity or town where	death occurred 40 yrs m	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?vrsmos		
2	. FULL NAME	Thomas	Steele Cook.	WITHIN CORPORATE LIMITS OF		
			ge Md Pac (Usual place of abode)	St4 Ward.		
_				If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
1	SEX 4. COLOR OR RACE 5. White		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH August IIta (Day) (Year)		
5a.	If married, widowed, or dividual HUSBAND of (or) WIFE of		tephens.	22. I HEREBY CERTIFY. That I attended deceased from 8 ,1935, to ang 11 ,193.		
	DATE OF BIRTH (month, da	y, and yeer)	4/I5/I876 Deys If LESS than	to heve occurred on the date stated above, at 9 . I5 Pm . M a		
	59	3	26 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:		
OCCUPATION	10. Date deceased last wo this occupation (mo year)	orked at onth and 8/6/		Other Centributery Canses of importance		
12.	(State or country))Dor	chester Co.	Chronic myocardules?		
ER	13. NAME John	Cook.	·			
	(State or country)		rchester Co.	Name of operation Date of What test confirmed diagnosis! Assistance was there an autopsy?		
- 1		Mary Wi		23. If death was due to external ceuses (VIOLENCE) fill in also the following:		
HER FATHER		own) Dorch	ester Co.	Accident, suicide, or homicide? Date of injury, 19		
- 1	16. BIRTHPLACE (city or to (State or country)		1.10.			
MOTHER 17.	(State or country) INFORMANT Urs (Address)	mbridge	Cook	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
MOTHER 17.	(State or country) INFORMANT	mbridge REMOVAL	Cook	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury		

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9-51	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	GEP 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		2		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			,	
	4'			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(0))
county Worchester	Registration Dist. No.	
Village or City hear Photoglable	777	/ard
(If	death occurred in a hospitalor institution, give its NAME instead of street and number)	aiu
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Namel C. Writeras	If U.S. Yeteran specify WAR	
(a) Residence: No. Zeeal Rhodeslak	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	_
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOD OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Mariera Mariera	(Month) (Day) (Year))
5a. If married, widowed, or divorced HUSBAND of (or) WIEE of	22. HEREBY CERTIFY. That I attended deceased f	from
may orner	8/14/35 ,19 ,to 8/15 ,19 s	35
6. DATE OF BIRTH (month, day, and yeer) Dan 14. 1870	I last saw h was alive on 8/157 35, 19 ; death is	sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at	
65 7 - 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular	Date of or	neet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 / 7	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecupation (month and.	V	
SAW MILL, BANK, etc		
this occupation (month and spant in this year) occupation		
0 0	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or couplry)		
	:	
± 2		
14. BIRTHPLACE (city or town)	Name of operation Date of	
15. MAIDEN NAME Mary Marvel	What test confirmed diagnosis? Was there an au'opsy?	
Ξ	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
16. BIRTHPLACE (city of town)	Where did injury occur?	
Churan O alles	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17, INFORMANT - COMMAND -	Specify whether injury occurred in INDUSTRI, in Home, of in Public Place.	
18. BURIAL, CREMATION, ON REMOVAL	Manner of injury	
Place Thew Markete ang / 8,1935	Nature of injury	
2/2/ Wio Oall a & hes	24. Wes disease or injury in any way related to occupetion of deceased?	
19. UNDERTAKER (Addiess)	If so, specify	
0. 12 15-21 h P1	(Signed) Dagar Mugars	M. D.
20. FILED Stagf, 19.3.) + 1 le Calfre	(Address) Bulber ma	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SFP 4 1985	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	18	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYLAND-CERTIFICATE O	F DEATH

0	0	may	1)	13	
0	0	6	4	1)	

. PLACE OF DEATH			<u> </u>
County Dorchester			Registration Dist. No. 110
Village or City Near Finchville, (If a			No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Juf	ent I	avis	
(a) Residence: No. Federale	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. COLOR OR RACE 5.			21. DATE OF DEATH August 28th. 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Aug 7. AGE Years Months Still-born	Days	If LESS than I day,hrs.	I lest sew h ; death is said to have occurred on the date steted above, et A m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Still-born 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month and the state of the			Still Born
10. Dete deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Dorchester Co.			Other Coutributory Causes of Importance:
(State or country)	D 1	Md.	
7	mico C	o. Md.	Neme of operation Dete of What test confirmed diagnosis? Wes there an eulopsy?
15. MAIOEN NAME Frances Hignutt, 16. BIRTHPLACE (city or town) Caroline Co. (Stete or country) Md.			23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Preston Davis, (Address) Federalsburg, Md. R.F.D 18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury, Md. Dete Aug. 28", 19.35			(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of Injury
19. UNDERTAKER J. T. Framptom & Son. (Address) Federal Bourg, Md. 20. FILEO Accept 1935 Cheo. X. 24			Neture of injury 24. Was disease or injury In eny wey related to occupetion of deceased? If so, specify (Signed) M. D.
		Registrar.	(Address) Federally, Ung

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	ample I		Example II		
The principal cause of deat of importance were as follo	h and related causes ws:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 6 1935	1915	Attack of epilepsy .	1 week ago	
Chronic interstitial nephritis	001 0 100	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAUV	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			*		

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08727
1. PLACE OF DEATH	(III)
County Sorchesler	Registration Dist. No. ///
Village or City Q M. Mersset	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a notifical or institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Donald Queen	o Farras
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 21. 1935
ia. If married, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of 2.3.143:	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	last saw Occapity on 21 1955; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at 10.30 m.
28 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	61-1-1-1
9. Industry or business in which work was done, as SILK MILL.	,
SAW MILL, BANK, etc 1D. Data deceased last workad at this occupation (month and yaar) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(State or country)	
13. NAME Older Clark	
(State or country)	Nama of operation Data of
15. MAIDEN NAME G MIN FRANCISI	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicida?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alcan Clarks (Address) & D. May	Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Salls Date Que 22, 1934	Manner of Injury
Place Date Mily 2, 193	Nature of Injury
19. UNDERTAKER CLUM THE STATE OF THE STATE O	24. Was disease or injury In any way related to occupation of daceased?
20. FILED aug 22, 1932 - 77- 5. Parsels Registrar.	(Signed) M. D. (Address) M. D. (Address)
Registrar.	(Mouress)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SFP 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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PHYSICIANS should state CORD. Every item of infor-

of OCCUPA.

Exact statement

7. /

OCCUPATION

certificate.

See instructions on back

TION is very important.

(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH -08728
1. PLACE OF DEATH	(31)
County Horekester	Registration Dist. No. / / / D
Village or City near Elwood	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hopeful of inaction, give in transfer interest in a number of indication, give in transfer in the number of inactions, give in the nu
2. FULL NAME William S. Fletcher	If U.S. Veteran epecify WAR
(a) Residence: No. Hurlock, Md. R.F.D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH August 25th., 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Fletcher	22. J HEREBY CERTIFY, That I attended deceased from 1935, to Clug /7, 1935
6. DATE OF BIRTH (month, day, and year) No date about 1865	Vast saw h JM alive on County 1, 1959; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 0-45-R. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer on farm SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (menth and specific property).	Cardio Hascular 1/27.
TO. Date deceased last worked at this occupation (mayth and 1935 11. Total time (years) spent in this Uife.	
12. BIRTHPLACE (city or town) Cambridge, (State or country) Md.	Other Contributory Causes of importance: (4) Mile Muys Cardeles (5) 14 General Awaran Ca
Tohn D Eletahan	10 44

12. FATHER 13. NAME Cambridge 14. BIRTHPLACE (city or town) Md (State or country) MOTHER Julia Travers 15. MAIDEN NAME Dorchester Co. 16. BIRTHPLACE (city or town) Ma. (State or country) 17. INFORMANT.

Julia Lake Hurlock 18. BURIAL, CREMATION, OR REMOVAL

ine Co. Md. J.T.Framptom Federalsburg 19. UNDERTAKER (Address)

> Registrar. (Address)

What test confirmed diagnosis?

23. If death was due to external causes (VIOLENCE) fill in also the following

24. Was disease or injury in any wall related to occupation of deceased?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

If so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	100
May 1,1923	Gastroenteritis	1 year
	1915 1921 Jwy5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

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iplied. Aug should be stated garact Little of the state	erms, so that it may be properly classified. Exact statement of OCCUPA	
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TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

:	I. PLACE OF	DEATH			(23)	
	CountyD	orchester			Registration Dist. No. //	6
	Village or C	ity Nr. Cambride	ge	/	No. Eastern Shore State Hospitalt, f death occurred in a hospital or institution, give its NAME instead of street and s. 22 ds. How long in U.S. If of foreign birth? vrs.	Ward
	Length of resid	dance in city or town whera	death occurred	7 yrs. 4 mos	s. 22 ds. How long In U.S. If of foreign birth?rs.	number)
:	2. FULL NA	ME Harı	ry Godwin			
	(a) Residen	ce: No. Salisbi	ury, Md. (Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
Garage Street	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	a state
3.	SEX Male	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 10, (Month) (Day)	, 193_5 (Year)
5a.	HUSBAND of (or) WIFE of	ed, or divorced			22. HEREBY CERTIFY, That altended	d deceased from
6.	DATE OF BIRTH (month, day, and year)	March 23.	1903	April 3, 19 30 to August 10, 1935	
	AGE Year	s Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11:55A am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trada, profes	sion, or particular ork done, as SPINNER, BODKKEEPER, etc.	18	ormin.	wera as follows:	Date of onset
TIOI			None		Pulmonary tuberculosis	l yr.
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.					ago
OCCUPATION	10. Date dacease this occup		11. Total ti sper	ime (years) nt in this None upation		
12.	BIRTHPLACE (cit	y or town) Willis			Other Contributory Causes of Importance:	
ER	13. NAME P	eter Godwin				
FATHER		(411) 0. 101111/1	lliamsvil	le	Name of operation Date of	
	(State or		Del.		What test confirmed diagnosis? Was there an	
HEF	15. MAIDEN NAM	ME Lenora Camp			23. If death was due to external causes (VIDLENCE) fill in also tha followin	g:
MOTHER	16. BIRTHPLACE (State or	()	ishopsvill Mđ.	е	Accident, suicide, or homicide? Data of injury Where did injury occur?	
17.	INFORMANT	.S.S.Hospital		ş	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) _ACE.
18.	BURIAL, CREMATI	on, or REMOVAL spital Cemete		10,1935	Manner of injury	
19.	UNDERTAKER F	rank E. Albau Cambridge			24. Was disease or injury In any way related to occupation of deceased?	
20.	FILED F	(0/,19.3/-	ply 2	Registrar.	(Signed) Cambridge, MV.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example 1	1	Example II	-
The principal cause of death and related cause of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis - 2 1095	1921	Run over by street car	1 week ago
Cerebral hemorrhage SLI 0 1303	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAI

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. PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH			(122G)
County Dorchester			Registration Dist. No. 16
Village or City Cambrud	lge, Md	(le	No St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where	deeth occurred		ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEEmily Jan (a) Residence: No. 7 Ceda		t,	St., 4 Ward. If nonresident sive day or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Ehite		RIED, WIOOWED, D (write the word) Wed.	21. DATE OF DEATH August 29th (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Thomas J.	Goslin.		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer)	5/27/T8	5%	I lest saw h a elive office 29 , 19 3 U; death is said
7. AGE Yeers Months	Oeys	If LESS than I dey,hrs. ormin.	to heve occurred on the date stated above, at I = 35 Pm. • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
(State or country)	nester Communication	ime (years) ntin this X upetion X	Mesentence Thrombonia and 25/13 Postertural Vlas fruction; Lue and 25/13 to the mesenteric thrombonis of oblowed by gangeones until months to intestinal ale- Other Contributory Canses of importence: struction cut of annexa. Intestinal abstraction mot gave to someon. Unaccular fulfillation. Name of operation. Curry Dete of
(Stete or country)	Md,	÷Y-X	What test confirmed diegnosis? Clarecial Westhere an autopsy?
I5. MAIDEN NAME NOT	Known X		23. If deeth wes due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mr. Charles. (Address) Cambride 18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md.	ge, Md.	9/ I/35.	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER GRANVILLE S (Address) Cambrid 20. Filed 8-31, 135 June	THE PARTY OF SALES	pte.	24. Wes disease or injury in any wey related to occupetion of deceesed? The lift so, specify (Signed) Wyfee DD feeting M. 0. (Address) Address Wide.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I V E D		Example II	
The principal cause of death and related causes of importance were as follows: 8 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PEATIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	-19-11-2
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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GARGIN KESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.
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PHYSICIANS should state

ECORD. Every item of infor-

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

N. B.-WRITE PLAINLY, W

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH			1	92.0)	
	County Dorchester		-gets.4		Registration Dist. No. // 6	
	Village or City No Cambri	dge			No Wastern Shore State Wooni to Rt	Ward
	Length of residence In city or town where	deeth occ	ourred	(If L_yrs,Lmos	death occurred in a horpital or institution, give its NAME instead of street and number) 15 ds. How long in U.S. If of foreign birth? yrs. mos.	ds
			Green	4		
	(a) Residence: No. Greensbo		Md . Javal place of	of abode)	St., Ward. If nonresident give city or town and State	
and the	PERSONAL AND STATIS	TICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	_
3.	SEX 4. COLOR OR RACE Female White	5. SIN OR	GLE, MARE DIVORCED Widov	RIED, WIDOWED, (write the word)	21. DATE OF DEATH August 13, 1935 (Month) (Day) (Yee)	r)
5a	. If merried, widowed, or divorced HUSBAND of (or) WIFE of	ence .	A. Gre	enlee	22. I HEREBY CERTIFY, Thet I ettended deceased June 29, 19 33, to August 13, 193	from
6.	DATE OF BIRTH (month, day, end year) M&	rch	17 78	382	I last saw h.er. alive on August 13,, 19.35; death is	
	AGE Years Months		Days	If LESS than	to have occurred on the date steted above, et 5:35 Am.	2910
	53 4		27	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	naat .
NO	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housewife					
OCCUPATION	9. Industry or business in which		3211447	£	Chronic endocarditis; aortic regur-	
CUF	work was done, es SILK MILL, SAW MILL, BANK, etc		Home		gitation Unkn	own
Ö	10. Date decessed last worked et this occupation (month and year)		11. Total tin speni	ne (yeers) t in this pation Life	7 7	
	Now You)e			Other Contributory Causes of Importance:	
12.	. BIRTHPLACE (city or town) New YOI (State or country)	N.Y.	•		7	
ER	13. NAME John Harringt	on				
FATHER			ngton		Neme of operation Dete of	
	(State or country)			Del.	Whet test confirmed diagnosis? Wes there an eutopsy?	NTO.
HER	15. MAIDEN NAME Emma Stayt	on			23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)(Stete or country)	Gre	enwoo	Del.	Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?, 19	****
17.	INFORMANT E.S.S.Hospi tel				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	(Address) Cambri BURIAL, CREMATION, OR REMOVAL Place	d Date	any	13- 19656	Menner of Injury	
19.	UNDERTAKER PBARO	my	ule	90'	Nature of injury	
20.	FILED \$ 13 19 35 9	chi	no:	- rue	(Signed) (Signed)	M. D.
-	If move	blanks	needed ad	Registrar.	(Argress) _ Cambridge, Md.	
	2)	S variance of F		aren olate Kegistrat,	1411 IV. Chanes Street, Dallimore, Kequesting U. S. No. 1.	

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	Example I	1.0	Example II	
The principal cause of of importance were as for	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1035	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

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V. S. No. 1

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

state OCCUPA

(Address) 20. FILED August 316 James W. Meade. meade Registrar.

If so, specify-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of Injury ... & &

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Example I	-74	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 250 g 10-6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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5	NT RE	LY.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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N. B.—WRITE PLAMLY,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

/	S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH	18733
1	. PLACE OF DEAT	TH			(23)	10
	County Dorch	ester			Registration Dist. No.	14
	Village or City	Bishops	Head, M		NoSt., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence In ci	ity or town where	death occurred 46		death occurred in a norpital or institution, give its inAlvie, instead of street andds. How long in U.S. if of foreign birth?yrs	
2	. FULL NAME	Wm. Flo	yd Jones		Weteran of World War-	
	(a) Residence: No	Bisho	ps Head,	I.I.d., f abode)	St., X Ward. X. If nonresident give city or town an	d State
	PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		hite	5. SINGLE, MARR OR DIVORCED MATTI	(weite the word)	21. DATE OF DEATH August 28th	, 1935 (Year)
	HUSBAND of He	len E.	Parks.		22. I HEREBY CERTIFY. That I attended	(1935
_	DATE OF BIRTH (month, day		I/7/I888			2.; death is said
7	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 50 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	46	1 9	2I	ormin.	wera as tollows:	Date of onset
ATION	8. Trada, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in	as SPINNER, W	aterman		Tubercelasing the	1919
UP	work was done, as S SAW MILL, BANK,	SILK MILL, atc	(Boat)	tung	
ö	10. Date deceased lest wor this occupation (mo	rked at	2I 11. Total timespeni	ne (years) tin this I7 I		
_	yaar)	1.9	octul	oation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town) (Stata or country)	Bishop	s Head,	Md.	Other Continuos Consess of Importance.	
ER	13. NAME Colum	bus Jon	les.			
FAIH	14. BIRTHPLACE (city or to (Stata or country)	wm) Bisho	ps Head,	Md.	Neme of operation	
2	15. MAIDEN NAME IS	o Tendo	n Jones		What test confirmed diagnosis?	
MOTHE	16. BIRTHPLACE (city or to				23. If death was due to external causes (VIOLENCE) fill in elso the following Accidant, suicida, or homicida? Date of Injury	
17.	INFORMANT Mr Ar (Addrass) Bish				Whara did injury occur? (Specify city or town, county and St Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18.	BURIAL, CREMATION, OR F	REMOVAL		0/35,19	Manner of injury	
19.	. UNDERTAKER Grany (Address) Camb	rille S.	LeCompt	ce.	24. Was disease or injury in any way related to occupation of deceased?	200
20.	FILED aug 30,	1935 7/	Elson!	h. Pritch Registrar.	(Signed) G. H. Caccas (Address) Exambrile 200	M. D.
		If more	blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jany 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING
FOR
RESERVED
KARGIN

V. S. No. 1

	County Corchecter	Registration Dist. No. //6
	Village or City Careful (1) Length of residence In city or town where death occurred yrs mos	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
u	SEX 4. COLOR OR RACE OR DIFFORCED (write the word) S. SINGLE, MARRIED, WIDOWED, OR DIFFORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
6. 1	If married, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) AGE Years Months Deys If LESS than 1 day,hrs. orhrs. ormin.	22. I HEREBY CERTIFY, That I attended deceesed from 193, to 193, to 193, to 193, to 193, to 193, to 194, to 194, to 194, to 194, to 194, to 194, to have occurred on the date stated above, at 194, m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and spent in this	3 mo aftition P
12.	BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
ER	13. NAME Ewell Krunama.	
FATHER	14. BIRTHPLACE (city or town) Cambrila (State or country)	Name of operetion Date of What test confirmed diagnosis?
MOTHER 17.	15. MAIDEN NAME Marion and 16. BIRTHPLACE (city or town)—Canaday (Stete or country) INFORMANT (Address)	23. If deeth wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18.	BURIAL, CREMATION, OR REMOVAL Place Cinsts Hospital Date S- [193]	Menner of injury
19.	UNDERTAKER Safes of in llooping (Address)	24. Was disease or injury In any wey related to occupation of deceased? 220

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Exa	mple I I	LO	Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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V. S. No. 1 B

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	IS A PERMANENT REC
maxion should be carefully supplied. AGE should be stated EXACTLY. P	stated EXACTLY. F
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac	properly classified. Exac
TION is very important. See instructions on back of certificate.	certificate.

of OCCUPA-

OR DIVORCED (wyick-the word) (Month) (Oay) (Year) (Month) (Oay) (Year) (Month) (Oay) (Year) (Additional control of the word of the wor	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08735
Village or 6th Village or 6th Length of residence in city or toyn where death occurred (If death occurred in a hospital or inetitation, give is NAME instead of street and member) Length of residence in city or toyn where death occurred (I) Residence: No. Village part of the city or town and Street PERSONAL AND STATISTICAL PARTICULARS S. SIX J. COLOR OR RACE S. SIXINGER MARKEEN, WIDOWED, OR DUYORCE Orgic the word O(n) Wife of Country S. DATE OF BIRTH (month, day, and year) A CEV Years Months Days If LESS than I day,	1. PLACE OF DEATH	46-e)
Length of residence in city or toyen where death occurred. 2. FULL NAME (a) Residence: No. (Usus) piece of abeeds (b) St., Ward. (c) Name of the control of the contro	County D Chustin	Registration Dist. No. // 6
2. FULL NAME (a) Residence: No. (b) St. Ward. (b) Ward. (b) Ward. (c) Wa	Village or city	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
1. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, Order DEATH SAY MINISANDO CONTROL OF CONTROL O	(a) Residence: No. (Usual place of abode)	
3. If extrained, wildowed, or deverted in the property of the word of the property of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cory WiFe of Charles G. Standards Gordon Cory WiFe of Charles G. Standards Gordon Growth Cory WiFe of Charles G. Standards Gordon Growth Cory Grant Gra	OR DIVORCED (white the word)	Muy. 5 - 193)-
To AGE Years Months Days If LESS than Idayhrs. or	HUSBAND OF A A A	
The Principal Causes of Importance were as follows: S. Trade, profession, or particular kind of work done, as SPINNER,	S DATE OF RIPTH (month day and year) aug 15-1863	I last saw h. a alive on aug. 3 t , 19 3 t ; death is said
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKEPER, etc. 10. Data deceased last worked at the span in this coupation which was done as SILK MILL. SAW MILL, BAIK, etc. 10. Data deceased last worked at the span in this coupation occupation (month and years) and in this coupation (state or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Date 19. UNDERTAKER (Address) 19. Manner of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. D. M. D	7. AGE Years Months Days If LESS than 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
Industry or business in which work was done as SLIK MILL, SAW MILL, BANK, etc.		Out of the state o
State or country Other Coatribatory Canses of importance:	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 20. FILED 21. SIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.		
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) Was thera an autopsy? W Accident, suicide, or homicide? Data of injury Place (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury N		Other Contributory Canses of importance:
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there an autopsy? Accident, suicide, or homicide? Data of injury. Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNOERTAKER (Address) Was there an autopsy? Was there and a use of injury in any was related to occupation of deceased? If so, specify in the autopsy? Was there and a use of injury in any was related to occupation of deceased?	13. NAME W. G. July	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (Address) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.		20401
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa (Address) 19. UNOERTAKER (Address) 20. FILED 19. J.	15. MAIDEN NAME JUM JUM	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa (Address) 19. UNOERTAKER (Address) 20. FILED \$\int(\frac{1}{3}\) \tag{1.5} (Signed) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Vom Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D.		Accident, suicide, or homicide? Data of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Y, N-W GNUM, Date Manner of injury 19. UNOERTAKER (Address) 20. FILED \$\int(-1)^{3}\$ (Signed) Manner of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) M. D.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 20. FILED \$\int \sigma \si	18. BURIAL, CREMATION, OR REMOVAL	
20. FILED () 19 () () () () ()		_ ^
	20. FILED \$ /5/ ,1931 John 2000 Registrar.	Con land Made

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial neparalis E. CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

JRD. Every item of infor-

Exact statement of OCCUPA-

STATE OF	MARYLAI	ND-CERTIFIC	CATE OF	DEATH

1	0	0	my	2	10
	U	8	6	0	O

1. PLACE OF	F DEATH			940	
County	Dorchester			Registration Dist. No. 1 / Z	
Village Dr C	ity Vienna,	(Out-s	ide)	NoSt.,	Ward
Length of rasi	dance in city or town where	daath occurred7_		death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAI	MF Alice	G. Lee		If U.S. Veteran specify WAR	
				St.,Ward.	
		(Usual place of	f abode)	If nonresident give city or town and St	ate
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Female	4. color or RACE White	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH August I3th (Month) (Day)	193_5 (Yaar)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced William	T. Lee		22. HEREBY CERTIFY, That I attended de	caased from
7. AGE Yea 7	rs Months	Nov. 25 Days 18	th_I86I If LESS than I day,hrs. ormin.	I last s w h alive on	death is said
SAWYER,	sion, or particular rork done, as SPINNER, BDDKKEEPER, atc businass in which done, as SILK MILL, L, BANK, etc	House-w	ork	Angera Restoria	
12. BIRTHPLACE (cit (State or cour	ed last worked at pation (month and it 19 19 19 19 19 19 19 19 19 19 19 19 19	11. Total ting span occur. 11. Total ting span occur. hester C	tin this Life	Dther Centributery Causes of Importance:	
13. NAME	Nicholas	Travers.			
13. NAME 14. BIRTHPLACE (Stata or	(city of town)	orcheste	r Co.	Nama of operation Data of Was thera an aut	
		pi Hurle rchest e r		23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT (Address) 18. BURIAL, CREMAT	ION, OR REMOVAL	Md. R.F.	D	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC Manner of injury	E.
Placa V1	enna, Md.	Date_AUB_	15"135	Nature of injury	
19. UNDERTAKER (Addrass)	J.T.Frampto Federals	m & Son.		24. Was disease or injury in any way ralated to occupation of deceased?	20
2D. FILED Quig	15-,1935- Ele	gabeth &	beafl.	(Signed) (Addrass) (Addrass)	M. D.
	If more	blanks are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Bxample IVE	i di mp	Example II	Examples
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neverthe SUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
			WILL Y

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(158)	
County Dorchester		Registration Dist. No. / 10	
Village or City Eldorado		NoSt.,	
2. FULL NAME Richard		yrsyrsyrsyrs	ds.
		St Ward	
(a) Residence: No. Rhodesd			itate
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH Aug. 8th. (Month) (Dev)	1935
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That Lattended d	
6. DATE OF BIRTH (month, dey, end year)	ug. 5th. 1935		death is said
7. AGE Years Months	Oays If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, at	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Infant		
NO CONTROL OF CONTROL		Museum	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation	Death due to congenital delility a Curry	
12. BIRTHPLACE (city or town) Eld (State or country)	orado Md.	Other Contributory Causes of importance:	
		-	
13. NAME Leonard 14. BIRTHPLACE (city or town) Doro (State or country)	hester Co.	Name of operation Dete of	
	May Wallace.	What test confirmed diegnosis? Wes there an eu	opsy?
15. MAIDEN NAME Frances 16. BIRTHPLACE (city or town) (State or country)	Dover, Del.	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Leonard Lo (Address) Rhodesdale	rd. Md.R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Eldorado, Md.		Manner of injury	
19. UNDERTAKER J.T. Frampt (Address) Federal St	om & Son. Durg, Md.	24. Wes disease or injury in any way related to occupation of deceesed?	w
20. FILED EUG 8 , 1938 C.R.	1. 21. Hastings Registrar.	(Signed) W. T. Track (Address) Federable	ey mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 8 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			97		
County	Dorchester		· »)	Registration Dist. No/_	6	
	City :: Kr: Cambr:		(II L yrs. 8 - mos	NoEastern Shore State Hospitel St., f death occurred in a horpitel or institution, give its NAME instead of street and included the state of the sta	Ward number)	
2. FULL NA	ME James	Edward I	Lowman	Same column to the same of the	-de	
(a) Reside	nce: No. Henders	On, Md. (Usual piace	of abode)	St., Ward. If nonresident give city or town	nd Stole	
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 2, (Month) (Day)	, 193 5	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Mary Walls				22. I HEREBY CERTIFY. That I attended deceased from		
7. AGE Ya	ession or particular	Days	o, 1854 If LESS than I day, hrs. or min.	November 22, 1933, to August 2, 1935 I last saw h im aliva on August 2, 1935 to have occurred on the data stated above, at 8:50 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	; death Is said	
kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10- Date deceased last worked at this occupation of month and second in this occupation of month and second in this programment and second in the seco			me (year ©ifet i	Cerebral arteriosclerosis	5 yrs.	
yaar) &	pation(month and rs. 6 ity or town) Sudlers intry) Md	ville	nt in this ntil T	Other Contributory Causes of importance:		
2 13. NAME W:	illiam Lowman					
13. NAME William Lowman 14. BIRTHPLACE (city or town) Sudlersville (State or country) Md.				Name of operation Date of. What test confirmed diagnosis? Was there as	10.10	
15. MAIDEN NAME Elizabeth Newnam 16. BIRTHPLACE (city or town) Sudlersyille (Stata or country) Md. 17. INFORMANT E.S.S. Hospital Records (Addrass) Cambridge, Md.				23. If death was due to external causes (VIOLENCE) fill in also the foliowing Accident, suicida, or homicida? Where did injury occur? (Specify city or town, county and Single Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ng:	
18. BURIAL, CREMATION, OR REMOVAL Place Diesus Vers nd Date aug 5-, 1935-			25-,1935-	Manner of injury		
19. UNDERTAKER (Addrass) 20. FILED 8 - 3	1. 13. Na	white	nd . Refistrar.	24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed) (Andrass) Cambridge, Maryland		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example IC FIVE		Example II	
The principal cause of death and related causes of importance were as follows: SEP 8 1935 Arteriosclerosis	1 1 1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis BIREALL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
A CONTROL OF THE CONT	May 1,1925	Gasiroenteritis	1 year

V. S. No. 1

Sa. If married, widowad, or divorced the word of the september of corp. biffe of the september of the september of corp. biffe	STAT	E OF MARYLAND-	-CERTIFICATE OF DEATH	8739
Village or City All Colors or control of the second of the second of the shopping of the second of t			210-2 V	
Length of residence in city or town where death of street and suppliers and and supplier	County Work	veler (Registration Dist. No.	1 9
Length of residence in city or town where death of surred	Village or City	stary ambri		last Ward
2. FULL NAME (a) Residence: No. (Usual place of abody) PERSONAL AND STATISTICAL PARTICULUARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWAD, OR WIGHOUT THE WORLD OB DYFORED (write the word) 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWAD, OR BETT OF DEATH 21. DATE OF DEATH 22. HER EBY CERTIFY, That I attanded deceased from the word of the word of the set stated above, at 10 2.3 for June 10 2.5 for June 10 2	Length of residence in city or tow	n where death ordered vrs m	do How long in 11 C if of Widow blake	//
PERSONAL AND STATISTICAL PARTICULIARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIER, WIDOWED 6. DATE OF BIRTH (month, day, shid year) 6. DATE OF BIRTH (month, day, shid year) 6. DATE OF BIRTH (month, day, shid year) 7. AGE Years Months Days 1 If LESS than 1 Of	1.	Tank - Par	CORPORA	mos/us.
PERSONAL AND STATISTICAL PARTICULIARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIER, WIDOWED 6. DATE OF BIRTH (month, day, shid year) 6. DATE OF BIRTH (month, day, shid year) 6. DATE OF BIRTH (month, day, shid year) 7. AGE Years Months Days 1 If LESS than 1 Of		Laura ma	A CI WIT	10 E
21. DATE OF DEATH OR DIVORED (which the world) Days If LESS than I day, make the profession or particular fine of work done, as STINKER, MARRIED, WIDOWED OF DATE OF BIRTH (month, day, find year)	(a) Residence: No.	(Usual place of above)	/-(St. Wald.	
OR DIVORCED Comite the word) So. If married, widowad, or givorced (Wonth) Deep of Corp. Wife of Country) Wife of Corp. Wife o	PERSONAL AND STA	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-1
HEREBY CERTIFY. That I attanded deceased from convinced to the construction of the c	Gemole Whit	OR DIVORCED (write tha word)	21. DATE OF DEATH Luguston (Month) 2 4 (Day)	, 193 <u>5</u> (Year)
6. DATE OF BIRTH (month, day, shd year) 7. AGE Yaars Months Days IT LESS than I day, hrs. of min. 1 have occurred on the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: SAVER, BOOKEEPER, at 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: SAVER, BOOKEEPER, at 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows: 1 instance of the date stated above, at /2 = 37 fm. 1 instance of the date stated above, at /2 = 37 fm. 1 instance of the date stated above, at /2 = 37 fm. 1 instance of the date stated above, at /2 = 3	(or) WIFE of	e Mervel		ded deceased from
Trade, profession, or particular infinity of the state of above, at 10-37 fm. 8. Trade, profession, or particular infinity of the state of above, at 10-37 fm. 10	6. DATE OF BIRTH (month, day, and year	n Det 25-1864	7 7 7 7	F : death is said
8. Trade, profession, or particular find of work done as SPINNER, SAWER, BOOKERFER, and SPINNER, SAWER, SAW	7. AGE Yaars Mc		to have occurred on the date stated above, at 10:33 Hm.	
Trade, profession, or particular Profession, or partic	70 /		I THE PRINCIPAL CAUSE OF DEATH and raiated causes of importance	D-4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. (State or country) 17. INFDRMANT 18. BIRTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis? 19. What test confirmed diagnosis? 10. Specify city or town, country day 24. Was disease or injury any way ralated to occupation of deceased? Not a specify city or town, country day 24. Specify city or town, country day 24. Was disease or injury in any way ralated to occupation of deceased? Not a specify city city city city city city city cit	kind of work done, as SPIN	NER, Wasses la	Fractured skull	
Dither Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR RENOVAL Piace Piace (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date dacasaed isst workad at this occupation 11. Total time (years) spant in this soccupation Dither Contributory Causes of importance: 12. Author Contributory Causes of importance: 13. Total time (years) 14. Dither Contributory Causes of importance: 15. Malden Author Contributory 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Manner of injury occurr? Manner of injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE. Spacify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury funding Manner of injury funding Causes (Manner of injury funding Causes) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. Total lime (years) 10. Date of importance: 10. Author Cauthor Causes (Importance) 10. Author Cauthor Causes 10. Author Countributor 10. Author Cauthor Causes 11. Occupation 10. Date of importance: 12. Author Cauthor Causes 13. Author Cauthor Causes 14. Author Cauthor Causes 14. Author Cauthor Causes 15. Author Cauthor Cauthor Causes 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 18. BURIAL (REMATION, DR RENOVAL Piace Cauthor	SAWYER, BOOKKEEPER, atc.	777777		20/ 243
Dither Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR RENOVAL Piace Piace (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date dacasaed isst workad at this occupation 11. Total time (years) spant in this soccupation Dither Contributory Causes of importance: 12. Author Contributory Causes of importance: 13. Total time (years) 14. Dither Contributory Causes of importance: 15. Malden Author Contributory 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Manner of injury occurr? Manner of injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE. Spacify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury funding Manner of injury funding Causes (Manner of injury funding Causes) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. Total lime (years) 10. Date of importance: 10. Author Cauthor Causes (Importance) 10. Author Cauthor Causes 10. Author Countributor 10. Author Cauthor Causes 11. Occupation 10. Date of importance: 12. Author Cauthor Causes 13. Author Cauthor Causes 14. Author Cauthor Causes 14. Author Cauthor Causes 15. Author Cauthor Cauthor Causes 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 18. BURIAL (REMATION, DR RENOVAL Piace Cauthor	work was done, as SILK MIL SAW MILL, BANK, etc	.L,	J. S. C. My tall shoft	Chg 24, 3
Dither Contributary Cause of importance: Contributary Cause of importance: Contributary Cause of	1D. Date dacaasad last worked at this occupation (month and	spant in this		
(State or country) 13. NAME	10 PIDTIDI ACT (-3	- 0 0	Dther Contributary Causes of importance:	T
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Piaca 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 11. INFORMANT 12. INFORMANT 13. INFORMANT 14. BIRTHPLACE (city or town) (State or country) 15. Maiden was dua to axternal causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Specify city or town, country old State) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL Piaca 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address		nary land	Parkal aveilion right	lug. 24.
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, DR REMOVAL Piace 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. ON THE MAIL OF THE MA	I /	make land	Name of operation	O Comment
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BURIAL, CREMATION, DR REMOVAL Piaca 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. BIRTHPLACE (city or town) (State or country) 21. If daath was dua to axternal causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide? Whara did Injury occur? Specify city or town, country and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	(State of country)	11100		an autopsy?
Accident, suicide, or homicide? Date of injury Quel 14, 1935. Whara did Injury occur? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Manner of injury Accident, suicide, or homicide? County and State) Specify city or town, county and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Accident, suicide, or homicide? County and State) Specify city or town, county and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Accident, suicide, or homicide? County and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury Accident, suicide, or homicide? County and State) Spacify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, or homicide? County and State) Nature of injury Accident, suicide, suicident, suicident, suicident, suicident, suicident, suicident, suicident, suicident, su	15. MAIDEN NAME TOO	ul Carrell		
Whara did Injury occur? Descriptive ity or town, county and State) 17. INFDRMANT THE Second State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Piaca Second State Manner of injury State St	16. BIRTHPLACE (city or town)	man for t	Accident, suicide, or homicide? Accident Date of injury	19.24, 1935.
(Addrass) 18. BURIAL, CREMATION, DR REMOVAL Piaca Manner of injury Struck Lygantomstile Nature of injury Fractional Manner of deceased? The Manner of injury Fractional Manner of injury M	(State or country)	may and	Whara did Injury occur? 2) A Cheffe County	State
Piaca part have Marked Date (Mg T 4 , 19.3.5 Nature of injury Fractured Skull, Crushed Chest) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)	17. INFDRMANT / // (Addrass)	Malary Baker	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
19. UNDERTAKER A Was disease or injury fraction of deceased? Its (Address) 24. Was disease or injury in any way ralated to occupation of deceased? Its (Signed) (Signed) (Signed)	18. BURIAL, CREMATION, DR REMOVAL	arketalus 56 105	1 1 100 100	le 10 1 x
20. FILED 5/26/ 185 Juni more (Signed) f. Frederich Signmon M. D.	19. UNDERTAKER HANDE	allow globy.	24. Was disease or injury in any way ralated to occupation of deceased?	The The
	20, FILED \$ / 2 4/ , 13 /	John more Registrar.	(Signed) f. Frederick Signson	Ind. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name, other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis SFP 8 1935	1921	Run over by street car	1 week ago		
· Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
MIREAU V. S.	,				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.-WRITE PLAY

V. S. No. 1

1. PLACE OF DEATH	(82-0)
County Dishalm	Registration Dist. No. 116
	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME WILLIAM F. MC	lendhan
(a) Residence: No.203 maryland Que (Vsual place of abode)	St., Ward. WITHIN CORPORATE LIMITS OF
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /3 1935
a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Gor) WIFE of Glady Haven	22 aug HEREBY CERTISY. That i attended deceased fr
5. DATE OF BIRTH (month, dey, and year)	1 lest saw him alive on and 13 1935; death is si
AGE Years Months Days If LESS then	to heve occurred on the date stated above, a 8.30 P.M.
67 9 12 1 day,hrs.	the tallock AL CAOSE OF BEATS and refered causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, RAWYER, BDDKKEEPER, etc.	arteris Silerosia Date Date
- ONN TEN, DUDINICEI EN, OLG.	
	C
10. Date deceased last worked at this occupation (month and spent in this)
year) occupetion	Other Contributory Laures of importance:
12. BIRTHPLACE (city or town) Port Dyport	Repeated Cerebral
(State or country)	- Themorleanes ?
13. NAME Why M- has Clandar 14. BIRTHPLACE (city or Yown)	Aupertrofoly of the priotate
14. BIRTHPLACE (city or town)	Mame of operation The Oate of Oate of
(State of country)	Whet test confirmed diagnosticural Evide was there en autopsy?
15. MAIDEN NAME Farm Q - Larrow	23. If deeth was due to externel causes (ViOL ENCE) fill in also the following:
15. MAIDEN NAME Vanu y Vannon 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Slady Mrs. Clarydon (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Combadge My Date (My) 5, 19t3 1	Neture of injury
19. UNDERTAKER Tends & Albaufg	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 8/14/ 1931 Trismore	(Signed) hus simulated M
Registar.	(Address) Cambridge Marylan

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private far y, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. F out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II			
The principal cause of of importance were as f	death and related causes collows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrit	iu	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RECEIVE	July 5,1927	Peritonitis	3 days ago		
	SEP 8 1936					
Other contributory caus	ses of importance:		Other contributory causes of importance:			
Gallstones	BUREAU V.	May 1,1923	Gastroenteritis	1 year		
	Control of the second second control of the second					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19352 8-13

RECORD.

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state item of infor-OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. No. ND. (If death occurred in a hospital or institution, give its NAME instead of street and number) Jo PHYSICIANS Every Length of residence in city or town How long in U.S. If of foreign birth? statement If nonresident give city or town and States Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the Word) CIL (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of × G certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days to have occurred on the 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Data of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. AWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... back may should 10. Date deceased last worked at on 11. Totel time (years) this occupation (month and spent in this that occupation _____ instructions So 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city/or town) plain (State or country) carefully What test confirmed diagnosis? Classe al MOTHER important. 15. MAIDEN NAME E 23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?_____ Date of Injury____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury ص mation CAUSI LION 24. Wes disease or injury in any way related to occupation of deceesed? 19, UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	li li	Example II			
The principal cause of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial neph	1 44 44 1 1	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	SFP 8 1935	July 5,1927	Peritonitis	3 days ago		
	BUPPALLYS					
Other contributory ca	uses of importance	18	Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				l		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1934-8021

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.

0	8	7	4	2

1	L PLACE OF DEATH	97)
1	County 50 Church	Registration Dist. No.
	Village or City Vinne 127: N -	No. St., War
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?rsmosd
	Length of residence in city of town where death occurredyrsmus	
1	2. FULL NAME Staling To Myndl	If U.S. Veteran specify WAR.
	(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
10	OR DIVORCED (write the word)	Mang. 70 193 12
50	If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBANO of Mubband of	22. HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH (month, day, and year)	I last saw h 4 alive on 8173 19 51 death Is sa
7.	AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 930 P m.
6. 7.	77 - 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
ie i	8. Frade, n; ofession, or particular	were as follows:
TION	8. Trade, p: ofession, or particular kind of work done, as SPINNER, Labour SAWYER, BOOKKEEPER, etc.	acult anti- itis
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
6 8	10. Date deceased last worked at this occupation (month and byes) 11. Total time (years) spent in this occupation 55	
Instructions HER 12	BIRTHPLACE (city or town) Malylad (State or country)	Other Contributory Causes of Importance:
3	13. NAME Dant kam	
	13. NAME of and Mean	- Cami
FATH	14. BIRTHPLACE (city or town) de and fluid	Name of operation Oate of
-	(State or country)	What test confirmed diagnosis? Was there an autopsy? Y
Important MOTHE	15. MAIDEN NAME of aut Muni	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTH	16. BIRTHPLACE (city or town). Dank Semme	Accident, suicide, or homicide? Date of injury, 19
	(State or country)	Where did Injury occur? (Specify city or town, county and State)
17	INFORMANT Jasalin A prider	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
very 18	BURIAL, CREMATION, OR REMOVAL	Manner of injury
IS	Place falkeles Date alg 2,9939	- Nature of injury
NO 19	for -14D-	24. Was disease or injury In any way related to occupation of deceased? 200
19	(Address) Canthridal and	If so, specify
20	1. FILED 8-26, 1935 John More J. Registro.	(Signed) Carrenty My
9		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis BEC	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage SEP 8 1935	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
	Ψ				
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE	OF	MARYI	AND-	-CERTIF	ICATE	OF	DEATH
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	Dorches	ter		III mas irox		-(448)	Registration Dist	No TIG	
	City R.F.D		bridge	. Md.	No.	x	. Registration Dist	St	Ward
				(1			on, give its NAME ins foreign birth?		number)
					S = SUS. NOW	riong in a, s, ii oi	ioreign bittii!	yrsm	0505.
	AME Milt				3 5-				
(a) Resid	ence: No.Camb	r.Tage	(Usual place	of abode)	1. St., X	Ward.	If nonresident give	city or town and	State
PERSO	NAL AND ST	ATISTIC	AL PARTI	CULARS	М	IEDICAL CE	RTIFICATE O	F DEATH	
3. SEX Male	4. COLOR OR R		OR DIVORCE	RIED, WtDOWED, D (write the word) Pied	21. DATE O		ust I9t	h . ·	., 193.5 (Year)
5a. If married, wid HUSBAND of (or) WIFE of		e Dav	ey Pet	ers.	22. May	HEREBY	CERTIFY.		deceased from
E DATE OF DIDT	H (month, day, and ye	T /	6/1869		I last saw h		ue 19	19 35	; death is said
		Months	Days	If LESS than		on the data stated	ebove, at 2.30	P.M.	.,
1 66		7	13	1 day,hrs.		CAUSE OF DEATH	end related causes of		15.
8. Trada, prokind of SAWYI 9. Industry of Work was SAW M	ofession, or particular f work done, es SPIN ER, BOOKKEEPER, etc	NNER,	armer		Co	rinar	y three	nhus	Date of onset
9. industry o	or business in which was done, es SILK MI MILL, BANK, etc		Dirt						
SAW N	and last worked at		11 Total ti	ma (years)	-				-
- 1 1113 00	cupation (month and	3/1/3	Spei	nt in this 20	-				1933
12. BIRTHPLACE (Churc	h Cree	k, Md.	Other Contribute	Manager of Import	anca: Enulo	lus	aug 19
™ 13. NAME	Wm. C. R	ichar	dson.	III-EF		7	/		
13. NAME 14. BIRTHPLA	CE (city or town)	CI3	ch Cre	ek.	Name of operation	n hone		Data of	
(Stete	or country)			Md.	What test confirm	ned diagnosia	ucal -	Was there an	autopsy?
15. MAIDEN	UC. L		Christ		23. If death was de	ue to external caus	es (VIOLENCE) fill in	elso the following	g:
	CE (city or town)	Chur	ch Cre	ek,	Accident, suicide	, or homicide?	20 Date	of injury	, 19
≥ (State	or country)			Md	Where did injury	occur?	(Specify city or tow	n, county and Sta	te)
(Address)		idge.			Specify whether I	Injury occurred In	INDÚSTRY, In HOME,	or in PUBLIC PL	ACE.
	ation, or REMOVA		Date 8/	21/3519	Manner of injury Nature of Injury				
19. UNDERTAKER (Address)	Granyi Çambr	lle S	LeCo	mpte.	24. Was disease of	r Injury in eny way	related to occupetion	of deceased?	ro
20. FILED 8-	20,1935	0	L- 20	Registar.	(Signed)	hn J S	louidas	mar	offered
		If more ble	anks are needed, a	iddress State Registrar,	2411 N. Charles Str	eet, Baltimore, Reas	sesting V. S. No. 1.		/

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	Example I		Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	ses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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N. B.—WRITE PLANKLY,

V. S. No. 1

County		_		("(:0))	
	Dorchester			Registration Dist. No. // O	
Village or City	near Eldor	ado		No. St., death occurred in a hospital or iostitution, give its NAME instead of street and n	War
Length of reside	ce in city or town where death	h occurred2_	yrs6mos	ideath occurred in a hospital or rostitution, give its NAME instead of street and no itsds. How long in U.S. If of foreign birth?yrsmos	3
(a) Residence	No. Rhodesd	ale, Mo	i. R.F.D	e St., Ward. If nonresident give gly or town and S	Stale
PERSONA	L AND STATISTICA			MEDICAL CERTIFICATE OF DEATH	
s. sex Female,		SINGLE, MARRI OR DIVORCED Widow		21. DATE OF DEATH August 15th. (Month) (Day)	1935
5a. If marriad, widowed HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended of	aceased fi
6. DATE OF BIRTH (m 7. AGE Years	mth, day, and year) Sep Months	Days 19	h. 1855 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a 2 - 45 - Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is s
9. Industry or bu work was d SAW MILL,	k done as SPINNER, DOKKEEPER, etc	11. Total tim	ork.	Cerebal arterio Schemi	aug (
	r town) New Yo	ork Cit		Other Contributory Causes of importance: Lerminal Bun ch Phumin	8/10
13. NAME	Henry Ar	nold,			
	ity or town)	ermany.		Name of operation Date of What test confirmed diagnosis? Was there an air	
15. MAIDEN NAM	11			23. If death was due to external causes (VIOLENCE) fill in also the following	
E	ity or town) Cob	leskill		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
	Mrs. John K Rhodesdale.			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATIC	n, or removal James Cemete	earyAug		Manner of injury	~~~~~~
19. UNDERTAKER (Address)	Hyde's Parl J.T.Frampto Federalsb	om-&-So		24. Was disease or injury in any way related to occupation of deceased?	lu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	zittach of opilopog	1 week ago
Chronic interstitial nephritis	19	Rub dier di serie en	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
\	1	ug 23 1995	
Other contributory causes of importance: Gallstones		Gastroenterats	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

V. S. No. 1

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AARGIN RESERVED FOR BINDING	BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

	CERTIFICATE OF DEATH 08745
1. PLACE OF DEATH	(3)
County Dorchaster	
Village or City RODDINS, M.Q. (III	NoSt.,Ward feath occurred in a horpital or institution, give its NAME instead of street and number) s25ds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Laurence Franklin Slacum (a) Residence: No. Robbins, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH August 6th, 1935 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Sarah E. Mills (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1935, to A 5 1935.
6. DATE OF BIRTH (month, day, and year) IO/II/I858 7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at S . 45 m . N .
7. AGE Years Months Days If LESS then 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. FATMET 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. To be deceased last worked at this occupation (month and TO 77) 10. Date deceased last worked at this occupation (month and TO 77) 11. Total time (yeers) spent in this 56	Bhrown Mentileal beston
o his occupation (month and 1933 spent in this 56. 12. BIRTHPLACE (city or town) Robbins, Md. (State or country)	Other Contributory Causes of Importance:
E 13. NAME A. J. Slacum	
13. NAME A. J. Slacum 14. BIRTHPLACE (city or town) Robbins, Md. (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Mary Willey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Willey 16. BIRTHPLACE (city or town) Robbins, (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Ray Slacum (Address) Cambridge, Md. q	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rombridge, Md. Date 8/7/35.,19	Manner of injury
19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Md.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Aug 7 , 1935 Jus It & Culick	(Signed) . H. Jacuer M. I. (Address) Cambrel M. I.

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Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows: Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
I ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF	MARYLAND-CERTIFICAT	E OF	DEATH
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1. PLACE O	F DEATH			23	00.70
County	Dorchester			Registration Dist. No/) 6
Village or C			(1f	Np. 9 Dunn Tane St., death occurred in a horpital or institution, give its NAME instead of street an	Ward
Length of resi	idence in city or town where o	death occurred4	yrs. 5 mos.	6. ds. How long in U.S. if of foreign birth?yrs	_mosds.
2. FULL NA	ME Eve.	lyn Smitl	h	WITHIN CORPORATE LIN	ITS OF
(a) Residen	nce: No. 9 Dua	nn Lane	f abode)	St, Ward. If nonresident give city or town a	and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MARR	IFD, WIDOWED, (write the word)	21. DATE OF DEATH (Mogh) (Day)	, 193 <u></u>
5a. If married, widov HUSBAND of (or) WIFE of	ved, or divorced Chas. Smit			22. HEREBY CERTIFY, That I attend	ed deceased from
7. AGE Ye	(month, day, and year) ars Months 44 5	March 9,	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	; death Is said
9. Industry or work was SAW MI 10. Date decea this occ	ession, or particular work done, as SPINNER, R, BDDKKEEPER, etc business in which as done, as SILK MILL, ILL, BANK, etc sed last worked at 8 / 12	843511. Total tin	e	Dither Contributory Causes of importance:	1933
(State or con		Va.			
	CE (city or town) SOI	newhere :	in	Name of operation Date o What test confirmed diagnosis? Classical Was there	an au'opsy? M
15. MAIDEN N	AME Dont kno	OW		23. If death was dua to external causes (VIOLENCE) fill in also the follow	wing:
	E (city or town) Don't or country) Herman Lar	t know		Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State)
17. INFORMANT (Address) 18. BURIAL, CREMA		lelphia,	Pa.	Manner of injury	
	mbridge		18,19.3	Nature of injury	
19. UNDERTAKER - (Address) 8/1	Iewis Ba Cambri 5/35		Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hepitaits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 8 1935			
Other contributory causes of Importance:S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AGE should be stated EXACTLY.

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certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

19. UNDERTAKER

(Address) 20. FILED 8 - 31

Granville S.

mation should be carefully supplied.

N. B.-WRITE PLA

V. S. No. 1

PHYSICIANS should state ECORD. Every item of infor-

Exact statement of OCCUPA-

		STATE O	F MARYLAND	-CERTIFICATE OF DEATH 08747
1	. PLACE O	F DEATH		(46-2)
	County	Dorchester		Registration Dist. No. II6
	Village or C	ity Cambride	e, Md.	NoSt.,Ward
	Langth of reel	Idanca in city or town where d	noth assurred O Gre	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
			20	Thus.
2		me Mary Ann		"IN CORPORA"
	(a) Residen	ice: No. I2 Glas	(Usual place of abode)	St., I Ward. St. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	PERSON	IAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEL	21. DATE OF DEATH
Fe	eamle	White	or Divorced (write the word	August 29th, 1935
5a.	If married, widow HUSBAND of (or) WIFE of	George F. S		22. I HEREBY CERTIFY. That I attended decassed from 1924, to day 29, 1925.
-		, , , , , , , , , , , , , , , , , , , ,	/28/1855	I last saw her alive on Many 1913; death is said
7. A	AGE Yea		Days If LESS tha	
		80 7	I ormin.	were as follows:
LION	kind of v	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	House Wife	Carcinona - Cacal 1934
OCCUPATION	work wa	business In which s done, as SILK MILL, LL, BANK, etc	X	
000	this occu	ed last worked at pation (month end 1933	11. Total time (years) spent in this occupation	5
12.	BIRTHPLACE (ci	ity or town) <u>Talbot</u> ntry)	Co. Md.	Dther Contributory Causes of importance:
ER	13. NAME	Samuel Horne	· V	
FATHER		(city or town) Talk	ot Co.	Name of operation
2	15. MAIDEN NA		se.	
MOTHER	16. BIRTHPLACE	E (city or town) Talbo		23. If daath was due to axtarnal causas (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Whare did Injury occur?
17.	INFORMANT	Mrs V. Calvi Cambridge	n Trice.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18		TION DR REMDVAL	11200	

Cambrid (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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No.
C/2
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STATE OF MARYLAND—CERTIFICATE OF DEATH	08748
PATH	00.10

	1. PLAC	E OF DEA	TH			<u> </u>	120
County Dorchester						Registration Dist. No. 1	16
	Village or City Cambridge				a	No Eastern Shore State Hospitalt,	Ward
	Length	of residence In c	ity or town where	death occurred	O yrs 5 mos	s. 30 ds. How long in U.S. if of foreign birth?yrs	_mosds.
	2. FULL	NAME	Severn	R. Sterl	ing		
	(a) Re	sidence: No	Crisfiel	d, Md, (Usual place	of abode)	St., Ward. If nonresident give city or town is	and State
_	PERS	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Male	W	or or race	5. SINGLE, MAR OR DIVORCE W1 do	RIED, WIDOWED, D (write tha word) Wed	21. DATE OF DEATH August 5, 1935 (Month) (Day)	, 193(Year)
5a	. If married, HUSBAND (or) WIFE	widowed, or dive of of	Wallace	Maxwell	0 - 6 - 46	22. I HEREBY CERTIFY, That I attend	ed daceased from
6.	DATE OF BI	RTH (month, da	y, and year)Feb1	ruary 24.	1865	February 6, 1935 to August 5, 1935 last saw him alive on August 5, 193	19359
_	AGE	Yaars	Months	Days	If LESS than	to have occurred on the date stated above, a4:55 A.m.	V-, death is said
		70	5	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	
N	8. Trade, profession, or particular						Date of onset
OCCUPATION	SA	WYER, BOOKKEI y or business in	LPER, atc.	roceryma	n	Cerebral arteriosclerosis	about
UP.	WO!	k was done, as: W MILL, BANK,	SILK MILL,	Own Stor	е		2 yrs.
000	10. Date daceasad last worked at this occupation (most) and year)			11. Total time (years) spent In this occupation			ago
12	. BIRTHPLAC		Crisfi			Other Contributory Causes of importance:	
2	13. NAME	Wesle	y Sterlin				
FATHER	14 DIDTU		Crisfie			Manager	
F	(St	eta or country)	JWII)	Md.		Name of operation Date of What test confirmed diagnosis? Was there a	
ER	15. MAIDE	NAME Sa	rah Riggi	n	the Table	23. If death was due to external causes (VIOLENCE) fill in also the follow	
MOTHER		LACE (city or to	wn) Crisf			Accident, suicide, or homicide? Date of Injury	- 1 -
_			T3 A 3	Md.		Where did Injury occur? (Specify city or town, county and S	tate)
17. INFORMANT E.S.S.Hospital Records (Address) Cambridge, Maryland						Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
18.	18. BURIAL, CREMATION, OR REMSTAL			0-/	7	Manner of Injury	
	Placa.	humis	200	Date D	1935	Natura of Injury	
19. UNDERTAKER J.				My For	Son,	24. Was disease or injury in any way related to occupation of decaesed?	Ю
20,	FILED.	15/	1935	lum	Registrar.	(Addrass) Cambridge, Md.	M. D.
			76	1.1. 1.	11 0 0	The state of the s	

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		900
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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	County A County	Registration Dist. No.
	Village or City: The Research	No. St., death occurred in a hospital or institution, give its NAME instead of street and
	Length of residence in city or town where death occurred 2 yrs	
2	2. FULL NAME long thing .	errant
	(a) Residence: Ro. Lie Revood A	d St. Ward.
administration of	(Usual place of abode)	lf nonresident give city or town and
2 1	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
2	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a.	If married, widowed, or divorced * HUSBAND of	(bay)
	(or) WIFE of Thomas Steward	122. I HEREBY CERTIFY, That I attended
6 1	DATE OF BIRTH (month, day, and year) Lang 30"/8-75-	Hast saw has alive on Class 13 1818
-	AGE Years Months Days If LESS than	to have occurred on the date steted above at 2 A m.
	5°0 1 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
z	8. Trade profession or particular	were es follows:
PATION	kind of work done, as SPINNER, Asawyer, BOOKKEEPER, etc.	Morne Myscorditis
JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
OCCO	10. Date deceased last worked at 11. Total time (years)	
	this occupation (month and spant in this occupation	
12.	BIRTHPLACE (city or town) Cord Jour & d.	Other Contributory Causes of importance:
	(State or country)	nesticity
HER	13. NAME Abrahan Punder	
FAT	14. BIRTHPLACE (city or town) Love Jour.	Name of operation
	(State or country) anchester to and	What test confirmed diagnosis? Kringal. Wes there en a
HER	15. MAIDEN NAME How all Chealer	23. If death was due to external causes (VIOL ENCE) fill in also the following
S S	16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of mjury
-	(State or country)	Where did injury occur? (Specify city or town, county and Stat
17.	INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL
18.	BURIAL, CREMATION, OR REMOVAL Conditions Committee	Manner of injury
	Place Cortown led Date for 9 18", 1935-	Nature of injury
10	UNDERTAKER Harry A. Volen	24. Was disease or injury in any way related to occupation of deceased?
13.	(Address) 229 High St. Camb	If so, specify
20	FILED £1/6/ 10/5 John work	(Signed) 102 /1 Ohrung
	Registrar.	(Address)

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitual negaritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1935	July 5, 1927	Peritonitis	3 days ago
BIPEAU V. S.			
Other contributory causes of importance:	IJ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Jo ma	plnoy	000
ite	20	of
D. Every	SICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
OR	AH	S
REC	_ E	Exact
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ANE	ACT	ssified
RM	X	cla
PE		ly
IS A	stated	proper
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VITH	ully	plain
	ref	I in
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PL	houle	OF I
TE	S	E
-WRI	mation	CAUS
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

See instructions on back of certificate.

TION is very important.

19. UNDERTAKER

(Addiess)

N. B.-WRITE PLA mation should

V. S. No. 1

of OCCUPA-

atement

		STATE	OF MAR	RYLAND-	CERTIFICATE OF DEATH 08	750	
1.	PLACE OF						
	County	Dorcheste	r		Registration Dist. No	16	
	Village or C	ity Nr. Cambri	dge. Md.	4	NATastern Shore State Homital St	Word	
		· · · · · · · · · · · · · · · · · · ·	MDAT TIME	(1)	NEastern Shore State Hospital St., fdeath occurred in a horpital or institution, give its NAME instead of street and	number)	
	reußtu ot teat	dence in city of town wil	ere death occurred."	yrs, mos	s28_ds. How long in U.S. if of foreign birth?yrsm	osds.	
2.	FULL NAI		rginia Str	ickland			
	(a) Residen	ce: No. Salisb		ce of abode)	St., Ward. If nonresident give city or town and	State	
	PERSON	AL AND STATI			MEDICAL CERTIFICATE OF DEATH	State	
3. SE	x	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH		
	Female	Whi te	Marr	ED (write the word)	August 16, (Month) (Day)		
5a. If	married, widow HUSBAND of	ed, or divorced	Charl - 1-1	3			
	(or) WIFE of	H. N	. Strickla	nd	22. I HEREBY CERTIFY. That I attended April 12,		
6 D4	TE OF RIPTH (month, day, and year)	11/16/1994		l last saw h ex alive on August 16, 1935		
7. AG				If LESS than	to have occurred on the data stated above, at 8: 55 Am.		
	40	9	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Z	8. Trade, profes	sion, or particular				Date of onset	
NO.		ork dona, as SPINNER, BOOKKEEPER, etc ousiness in which	Housework		Pulmonary tuberculosis	2 yrs.	
5	work was	done, as SILK MILL, L, BANK, etc.	Own Home				
3 1	O. Date decease	d last worked at	11. Total	time (years)	,		
1	year)	ation (month and pout beyrs.	ago o	entin this Life	Other Contributory Causes of Importance:		
12. B	IRTHPLACE (cit		WXX Nr.Sa	lisbury	Other Contributory Causes of Importance:		
×	(State or coun		Marylan	<u>a</u>	,		
1	3. NAME	Levin J. H					
4 1	4. BIRTHPLACE (State or	(NEXESTA NI	Laurel Riska	Name of operation Oate of	Ward d number) mosds. and State (Year) d deceased from 1935 ; death is said Date of one et 2.yrs. 480 autopsyNQ ng: 19	
۲,		ME Olivia Wi		. A. EAG	What test confirmed diagnosis? Was there an a		
		4		Salisbury	23. If death was due to external causes (VIOLENCE) fill in also the following		
E	(Stata or	(411) 01 10411/		vland	Accident, suicide, or homicide? Data of injury Where did injury occur?	, 19	
7 14	FORMANT E	S.S.Hospite		y a care	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACF	
7. 17	(Address)	Cambri da		•••••		IOL.	
8. B	URIAL CHEMATI	ON. OR REMOVAL	0				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

Nature of injury

If so, specify (Signed)

(Address)

24. Was disease_or injury in any way related to occupation of daceased?

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 2 1035	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEF	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	*	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF	MARYL	AND-CE	RTIFICA	TE	OF	DEATH
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U	U	-0	U	B.

1. PLACE OF DEATH	159
County Contesta	Registration Dist. No.
Village or City Cambride	No. Canob. Horpital St. Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant 11	nomas
(a) Residence: No. (Usual place of Goode)	St., Ward. "If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Gy 3/ 193)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
C /2. V2.	- 30 ,19 35, to Cary 31 ,19 31-
6. DATE OF BIRTH (month, day, and year) 8/30/35	I lest sew harman alive on
7. AGE Years Months Days If LESS than 1 day,h	to have occurred on the date stated above, at &_Am.
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Conjuntes atelectore 1/303
A late professing, or perturbation in the control of the control o	
10. Date decessed lest worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Cambridge (State or country)	Other Contributory Causes of importance:
13. NAME Point 2hows	
13. NAME Proceed Thomas 14. BIRTHPLACE (city or town) (State or country)	Name of operation Lesson fully Date of \$130135
(State of Country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sulat Mosta, 16. BIRTHPLACE (city or town) Levelante Co (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Sulat Thomas	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (and by 18. BURIAL, CREMATION, DR REMOVAL	
Piece ambridge, mole 8-31,193	Menner of injury
19. UNDERTAKER Grawelle 5 de Comple (Address) Canch med	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED 8/3/1 ,13) Jolin March Registrar.	1 (Signed) John M. D. (Address Cambridge West
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exa	ample I		Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 8 193	July 5,1927	Peritonitis	3 days ago
	BUREAU V.	S.		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
B	ECORD. Every	PHYSICIANS	act statement	
DATIONI	RMANENT RI	XACTLY.	classified. Ex	
TOWN D	HIS IS A PE	be stated E	be properly	of certificate.
PRESERVED FOR BINDING	NG INK-TI	AGE should	that it may	ions on back
Thursday.	TH UNFADI	ly supplied.	lain terms, so	See instruct
	LAIMLY, WI	ild be careful	DEATH in p	TION is very important. See instructions on back of certificate.
	-WRITE P	mation shor	CAUSE OF	TION is vel
	M	1	-	1

	S 1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH	08752
	County Dorch	ester	***********		Registration Dist. No.	116
	Village or City			(1) 4yrs,_8mos	NoEastern Shore State Hospitalst fdeath occurred in a horpital or institution, give its NAME instead of streets. 21 ds. How long in U.S. if of foreign birth?yrs.	.,Ward
:	2. FULL NAME	Willi		Thompson	St., Ward. If nonresident give city or town	
	PERSONAL AN				MEDICAL CERTIFICATE OF DEAT	
	Male Wh	R OR RACE	s. single, mai or divorci Sing	RRIED, WIDOWED, ED (write the word) Le	21. DATE OF DEATH August 10 (Month) (Day)	, 1935 (Year)
5e.	If married, widowed, or dive HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, Thet I atte November 20, 19 30, to August 10	1935
6.	DATE OF BIRTH (month, da	, end year) Aug	ust 3, 1	863	I last sew h im alive on August 10, 19	35 ; death is said
7.	AGE Years 72	Months	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4:15 Am. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
OCCUPATION	8. Trade, profession, or p. kind of work done, SAWYER, BOOKKEE Industry or business in work wes done, es SAW MILL, BANK, 10. Date deceased last work was a conjunction from this geograph Out of the second of the s	as SPINNER, F PER, etc. F which SILK MILL, L etc. ked et	aborer	time (years) bout ntin this yrs	Cerebral arteriosclerosis	about 15 yrs.
12.	BIRTHPLACE (city or town) (State or country)		's Islan		Other Contributory Causes of Importance:	
ER	13. NAME Ema	sa Thomps	on			
FATHER	14. BIRTHPLACE (city or to (State or country)	,	ylor's I	sland	Name of operation Date What test confirmed diagnosis? Was there	
MOTHER 17.	16. BIRTHPLACE (city or to (State or country)	lizabeth wn) Ta .Hospital Cambridge	ylor's I Md.	sland	23. If death was due to external causes (VIOLENCE) fill in also the folk Accident, suicide, or homicide? Date of injury Where did injuty occur? (Specify city or town, county and Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLI	owing:, 19
18.	(Address) BURIA DEMATION, OR R		01	ر ا ا	Manner of injury	
19.	UNDERTAKER (Address)	Le	et -	me	24. Was disease or injury in any wey related to occupation of deceased if so, specify	, No
20.	FILED 8-10,	/	hnu	Refistrar.	(Signed) Cembridge, Ad.	UVU M. D.
		If more b	lanks are needed,	address State Registrar,	2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.	

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Exa	mple I	1	Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIV	F 1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	, , ,	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 8 19	July 5, 1927	Peritonitis	3 days ago	
	BUREAU	S			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 6 1935	July 5, 1927	Peritonitis	3 days ago	
	BUREAUVS				
Other contributory ca	uses of importance		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

:-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
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item	sho	of (
rery	ANS	nent	1	
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OR	HX	et si		1
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PL	houl	OF	TION is very important. See instructions on back of certificate.	
ITE	s uo	SE	Is.	-
-WR	nati	CAU	LIOI	
١	H			

1. PLACE OF DEA	TH			93-6)	
County Dorcl	hester			Registration Dist. No.	0
Village or CityN	ear Gale	stown.		.No. St.	Ward
village of Oity		3	8	f death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence In o	ity or town where	deeth occurred	yrsmos	sds. How long in U.S.If of foreign birth?yrs	mosds.
2. FULL NAME	Effie I	Wheatl	.ey		
(a) Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town ar	nd State
PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH and	, 1985
a. If married, widowed, or div	orced			(Month) (Day)	(Year)
HUSBAND of ITV:	ing S.Wh	neatley		1 HEREBY CERTIFY, Thet I attende	d deceased from
	0	oct, Ist	. 1866.	War 1	,1975
6. DATE OF BIRTH (month, da				Nast saw have alive on les y ft 1933	; death is said
7. AGE Years	Months	10	. If LESS then	to have occurred on the date stated above, etm.	
	1		I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	1
8. Trade, profession, or p kind of work done SAWYER, BOOKKE	particuler , as SPINNER,			Mundos arthres	Date of onset
			*		
9. Industry or business i work was done, as SAW MILL, BANK,	SILK MILL, HO	usewife	e medecan		
10. Date deceesed lest wo	orked at	spa	ime (yeers) nt in this :		
year)	Mary		upation	Other Contributary Causes of importance:	0
12. BIRTHPLACE (city or town)				Myrcordek	Jun / 455
(State or country)					
I I I NAME Wil:	liam M.W		7		
14. BIRTHPLACE (city or t	own) Me	ryland		Name of operation Date of	1
(State or country)				What test confirmed diagnosis? Was there en	
I IS. MAIDEN NAME NE	ancy Wil	liams		23. If death was due to externel ceuses (VIOLENCE) fill in also the following	
I C DIDTUDI ACC (cit. co.)	Maryl	and		Accident, suicide, or homicide? Dete of Injury	
I 16. BIRTHPLACE (city or to (Stete or country)	own)			Where did Injury occur?	, 15
Irv	ing S.Wh	eatley		(Specify city or town, county and St	ate)
(Address)	Seaford	Del,	R.D.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC P	LAGE.
18. BURIAL, CREMATION, OR Place Home (Date Aug.	13, 193	Manner of Injury	
W.]	D.Graver	or & Br	0.	24. Wes disease or Injury In eny way related to occupation of deceased?	
19. UNDERTAKER		wn. Md.		If so, specify	
		77/200	Tues.	(Signed) JE. / white are	M. D.
20. FILED Mes 9 12,	1935 17	1.70 100	Registrar.	(Address) Att any trion a	ud.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1	L. PLACE OF DEATH		CERTIFICATE OF DEATH 08	1600
	County Dorchera		Registration Dist. No. 1 /	6
	Village or City Cantury	(I	No. No. (1) I was a second of street and no death occurred in a hospital or institution, give its NAME instead of street and n	wmber)
	Length of residence in city or town where death occurred	yrs,mos	N/N	sd
2	2. FULL NAME frank 2	V sllen	NO WARON FTERA	-
	(a) Residence: No. Wilma (Usual plac	md.	St., Ward. If nonresident give city or town and the state of the stat	
	PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	Julie .
3.	Mal White 5. SINGLE, MA OR DIVORCE THE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Dey)	193 5 (Yeer)
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of Many Will	leg	22. I HEREBY CERTIFY, That I attended d	
6.]	DATE OF BIRTH (month, dey, and year) Dec 13.	11884	I last sew h rease elive on Grand 1937	ر حيو1 ,
-	AGE Years Months Days 5/ 7 2 3	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 8.55 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	, death is ser
	8. Trade, profession, or perticular kind of work done, as SPINNER,	1 012222311113	nero as futions.	Date of onse
2	SAWYER, BOOKKEEPER, etc	<u></u>	Shangalation	8/5/3
UCCUFA	SAW MILL, BANK, etc	time (years) ale	From Cermine Vertice	8/5/3
>	this occupetion (month and sp	ent in this cupetion	Other Contributory Causes of importence:	
2.	BIRTHPLACE (city or town) for the C	Co.		~~~~~~~
E	13. NAME Isham Wille	•	Chrom alcapolin	Can
AIHER		,	0.4.4	
2	14. BIRTHPLACE (city or town)	<u></u>	Name of operation	21
1	15. MAIDEN NAME Mon Jan	·en	What test confirmed diagnosis? Wes there an eu 23. If death wes due to externel causes (VIOLENCE) fill In elso the following:	topsy?
MOI DER	16. BIRTHPLACE (city or town). Les	E of Co	Accident, suicide, or homicide? Suicide. Dete of injury 8/1	1/108)
=	(State or country) 2ml	•	Where did injury occur? Vienna)	, , , , , , , , , , , , , , , , , , , ,
17.	INFORMANT If refiled Reco	1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	DE.
0	BURIAL, CREMATION, OR REMOVAL	M.	Home	
10.	Plece riffill need Moate 8-	- 6 ,1933	Neture of injury Shanglation Frosting	Varte
19.	UNDERTAKER J. S. Le Comp. (Address) Comp.	eli.	24. Was disease or injury In eny wey related to occupation of deceased?	w
20.	FILED 8 151 1931 John su	oca)	(Signed) June 2000	М. Г

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es Date of onset
1 week ago
1 week ago
3 days ago
1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08756
1. PLACE OF DEATH	1948)
County Noylevales	Registration Dist. No. 116
Village or City Cheeren Coreck	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred # Qyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME for form	illey
(a) Residence: No. Church Greek	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cugest (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Edith Welley	Muerit 22. 1035 10 Querist 22 1035
5. DATE OF BIRTH (month, day, and year) Fal 8th/902	1 last saw h. im stive on august Day , 19.7.5; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:35 ff.m.
33 6 16 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 & Trade profession or particular	were as follows: Date of onset.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	The find the state of the state
9. Industry or business in which	00,170
work was done, as SILK MILL, Takover Vaulus SAW MILL, BANK, etc	5. Bololde Inget of
10. Date deceased last worked at this occupation (month and august spant in this occupation control of the cont	Cervical Overtalra 22/93
Robo en 16 a	Dther Coutributory Causes of importance:
(State or country)	17
1. h	
14. BIRTHPLACE (city or town) A	Nama of operation
	What test confirmed diagnosis? Deliver al Was there an autopsy?
15. MAIDEN NAME Palie Moore 16. BIRTHPLACE (city or town). Lake welle	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Lacidet Date of Injury Que 2019 32.
(State or country)	Where did Injury occur? A O'CHUMA CO. (Specify city or town, county and State)
7. INFORMANT CALLULATION (Address) Church Creek Mee	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMDYAL	Manner of injury Struck or feed by falling trul
Place Eliesel Ollo Pate leg 13, 1935	Nature of injury Fracture - Lange of spaule.
19. UNDERTAKER Woryoul Reiboulson	24. Was disease or injury In any way related to occupation of deceased?
(Address) Church torrell	If so, specify letting sustained while tulling in
20. FILED 8-23, 1935 Tolan Zura S	(Signed) (Address) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S.No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephralis 1915		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago
		1915	Attack of epilepsy	
		1921	Run over by street car	
Cerebral hemorrhage	RECEIVE	July 5,1927	Peritonitis	3 days ago
	SEP 6 1935			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones	H BOREAU V. S.	May 1.1923	Gastroenteritis	1 year